

BAIDURI CORPORATE ATM CARD APPLICATION FORM

FLEXCUBE CIF					
Company CIF No.:					
Product Applied for:					
ATM Corporate Card ATM Deposit Card (ATM Deposit Card only provides access to Cash/Cheque Deposit)					
Name of Company to appear on card (Max 19 charac	ters only)				
COMPANY DETAILS					
Company Name:					
Contact Person	Office No.:	Mobile No.:			
Company Address:					
Postcode: Correspondence/Mailing Address: □ same as residential address □ same as company address		Registration No:			
a sume as residential address	as company address				
,		Date of Deviation.			
	Postcode:	Date of Registration:			
CARD COLLECTION DETAILS I would like to collect my Baiduri Card at:					
CARD COLLECTION DETAILS I would like to collect my Baiduri Card at:	anch 🗆 Kuala Belait Branc				

DECLARATION AND CONSENT

I/ We shall be bound by Baiduri Bank Berhad's terms & conditions relating to corporate ATM once this application has been accepted by Baiduri Bank Berhad. I/ We understand that Baiduri Bank Berhad has the right to decline this application without giving any reason.

I/ We hereby consent to Baiduri Bank Berhad and its subsidiaries (jointly, "the Bank"), as well as its respective agents, authorized service providers and relevant third parties, whether located in or out of Brunei Darussalam to collect, record, transfer, hold and store our personal data or carry out any processing, analysis, or any other type of operations on our personal data for the purpose of the Bank's research and analysis, providing updates to us on the Bank's products and services and/or for the Bank to contact us to offer any products or services through EDMs, direct mailers, SMS-es, phone calls, social media, 3rd party sites, or any other type of communication media.

By signing below, I/We confirm that I/We am/are authorized to sign the application form for and on behalf of the company/association/club/society/partnership.

Company Directors / Sole Proprietor / Partners	<u>Authorised Signature</u>	
Name: IC / Passport No :		
Name: IC / Passport No :	Date:	
Name: IC / Passport No :	 Date:	
Company Stamp		S.V

REQUIRED DOCUMENTS

All accounts must be opened at a Baiduri Bank branch in person

- 1. Sole Proprietor or Partnership
 - Certificate of Registration Section 16 & 17
 - Sole proprietor or partners' valid identification documents as per Section 17 and the Bank's proof of identity requirements for individuals¹
 - Authorized signatories valid identification documents (Identity card or passport)
- 2. Limited Companies
 - Mandate for Account Limited Company
 - Certification of Incorporation of Private Company
 - Form X (if applicable)
 - Printed copy of Company Extract
 - Memorandum & Articles of Association
 - Return on Allotment of Shares
 - Valid Identification documents for all shareholders²
 - Board Resolution signed by all directors
 - All directors' valid identification documents as per Form X and the Bank's proof of identity requirements for individuals
 - Authorized signatories' valid identification documents (identity card or passport)

- 3. Society, Club or Association
 - Approval letter from Registrar of Societies or an appropriate authority approving the formation
 - Committee Minutes of Meeting signed by the Chairperson
 - Chairperson and authorized signatories' valid identification documents (identity card or passport)
 - Constitution of the organization
 - List of current office bearers and members of the governing body or committee
 - ¹ Please see Personal Current Account for identification requirements.
 - 2 If the significant shareholder is a limited company or partnership, valid identification documents of the limited company's shareholders (signed by shareholders and originals sighted by Bank staff) are required. A copy of the Annual Return on Allotment of Shares of the significant shareholder i.e., the limited company is also required for verification of shareholding.

FOR BANK USE						
Caution List						
List	Date	Positive I	Match			
		Yes	No			
Bankruptcy						
Litigation						
UCA						
BFB						
SIRON KYC						
CSL Screening	Name & Initial	Date	е			
Checked & Attended by						
Confirmed by (Supervisor level and above)						
FOR BRANCH USE ONLY						
Attended by:	Other remarks, if any:		Branch Stamp			
	Checked and recommend	ed by:				
(signature)		(signo	ature)			
Staff Name:	Staff Name:					
Date:/	Date://	_				

FOR CARD CENTRE OPERATIONS USE ONLY				
CORPORATE PROFILE	Applicati	on No:		
ATM CORPORATE CARD (028)	Application No:		Last 4:	
ATM DEPOSIT CARD (078)	Application No:		Last 4:	
Inputter		1st Checker / Authorizer	Final Checker	
Date: /	_/	Date: //	Date: / /	